D H E C

PROMOTE PROTECT PROSPER

Emergency Medical Technician — Intermediate Certificate Application

Please Type or Print In Ink

Test Auth. Exp.:_____

Social Security No.

					S.C. EMT - Intermediate No. only					S.C. EMT - Basic No. only

1. Mr. Mrs. Miss: _____
   (Last) (First) (Initial) (Telephone)
2. Street Address: _____ City: _____ Zip Code: _____ County: _____
3. Date of Birth: _____ Race: _____ HS Diploma or GED: _____
4. Primary Licensed Provider: _____ Lic. No.: _____ Full Time: _____ Part Time: _____ Vol.: _____
5. I grant permission for SC DHEC to use my Social Security Number for my identification.

Student's Signature _____ Date _____ Witness' Signature _____ Date _____

Filled in by Licensed Provider	Filled in by Medical Control
The individual named above is an active member of this service. _____ Name of Licensed Provider (Print) and I recommend him/her as a candidate. _____ Signature of Director/Squad Capt. Date	I agree to sponsor and supervise the person named above when he/she is certified as an EMT Intermediate. _____ Name of Medical Control (Print) _____ ~~Signature of Medical Control~~ Date
Certificate Date:	Expiration Date:

DHEC 1054 (08/2000)

(DHEC USE ONLY) - State / National Registry Written Examination Grades - (DHEC USE ONLY)

Attempt 1 Date:	Attempt 2 Date:	Attempt 3 Date:	Attempt 4 Date:	Attempt 5 Date:	Attempt 6 Date:

(DHEC USE ONLY) - State / National Registry Practical Examination Grades - (DHEC USE ONLY)

Attempt 1A Date:	Retest Attempt 1R1 Date:	Retest Attempt 1R2 Date:	Retest Attempt 2A Date:	Retest Attempt 2R1 Date:	Retest Attempt 2R2 Date:	Retest Attempt 3A Date:	Retest Attempt 3R1 Date:	Retest Attempt 3R2 Date:

Course #: _____ Date Course Started: _____ Date Course Completed: _____

Written In-Course Module Grades										Final Avg.
1	2	3	4	5	6	7	8	9	Quiz Avg.	

Hospital Clinical

Date Started	Date Completed	Total Hours	Clinical Supervisor

Field Internship

Date Started	Date Completed	Total Hours	Preceptor

I verify that the information on this application accurately reflects the performance of this candidate.

EMT - Intermediate Training Institution _____ EMT - Intermediate Program Coordinator (Signature)/Date _____ EMT - Intermediate Instructor (Signature)/Inst. No./Date _____